

RECEIPT# _____

**TROY RECREATION DEPARTMENT'S
2006
ADULT WATER AEROBICS EXERCISE CLASS
FOR ADULTS**

**MONDAY AND WEDNESDAY
10:30-11:15 A.M.**

held at Troy Aquatic Park

Name _____

Address _____ Phone _____

City _____ Zip _____

E-Mail Address _____

Allergic to any medication? _____

Doctor's Name _____ Phone _____

Emergency call _____ Phone _____
(neighbor or relative)

_____ **SESSION I** **JUNE 5-28** **(Registration Deadline: June 2, 2006)**

_____ **SESSION II** **JULY 10-AUGUST 2** **(Registration Deadline: July 7, 2006)**

REGISTRATION FEE: \$28.00 _____ **Paid**

WAIVER AND RELEASE

I, the undersigned being fully aware of the dangers inherent to the sport of swimming, do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, Lincoln Community Center and its Director and board, the supervisory staff, or their agents or servants, as a result of injuries incurred while participating in the Water Walking Exercise program.

Date _____ Signature _____

REFUND POLICY: The department will make program refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.